

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PM	65372	6/27/00
O.I.P.E. CLASSIFIER			6/27/00
FORMALITY REVIEW		65372	1-071-00
RESPONSE FORMALITY REVIEW		65372	1-25-01

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date	Claim	Date	Claim	Date
Final		Original	12/12/00	101	
Original	12/12/00	Original	12/12/00	102	
1	N	Original	12/12/00	103	
2	✓	Original	12/12/00	104	
3	✓	Original	12/12/00	105	
4	✓	Original	12/12/00	106	
5	✓	Original	12/12/00	107	
6	✓	Original	12/12/00	108	
7	✓	Original	12/12/00	109	
8	✓	Original	12/12/00	110	
9	✓	Original	12/12/00	111	
10	✓	Original	12/12/00	112	
11	✓	Original	12/12/00	113	
12	✓	Original	12/12/00	114	
13	✓	Original	12/12/00	115	
14	✓	Original	12/12/00	116	
15	✓	Original	12/12/00	117	
16	✓	Original	12/12/00	118	
17	N	Original	12/12/00	119	
18		Original	12/12/00	120	
19		Original	12/12/00	121	
20		Original	12/12/00	122	
21		Original	12/12/00	123	
22		Original	12/12/00	124	
23		Original	12/12/00	125	
24		Original	12/12/00	126	
25		Original	12/12/00	127	
26		Original	12/12/00	128	
27		Original	12/12/00	129	
28		Original	12/12/00	130	
29		Original	12/12/00	131	
30		Original	12/12/00	132	
31		Original	12/12/00	133	
32		Original	12/12/00	134	
33		Original	12/12/00	135	
34		Original	12/12/00	136	
35		Original	12/12/00	137	
36		Original	12/12/00	138	
37		Original	12/12/00	139	
38		Original	12/12/00	140	
39		Original	12/12/00	141	
40		Original	12/12/00	142	
41		Original	12/12/00	143	
42		Original	12/12/00	144	
43		Original	12/12/00	145	
44		Original	12/12/00	146	
45		Original	12/12/00	147	
46		Original	12/12/00	148	
47		Original	12/12/00	149	
48		Original	12/12/00	150	
49					
50	✓				

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)